

Eliminate Agency-Based Nursing Duplication and Other Inefficiencies in Montana Medicaid Personal Assistance Service/Community First Choice programs

ISSUE ONE

The Senior Long Term Care Division's requirement that a nurse supervise Medicaid Agency-Based Personal Assistance Services/Community First Choice services is not medically necessary and duplicates nursing services provided through other Medicaid programs.

Description of the Problem

There is currently a requirement for agencies that provide agency-based Personal Assistance Services (PAS)/Community First Choice (CFC) services to employ a Nurse Supervisor to oversee the Member and service delivery. PAS/CFC services include Activities of Daily Living tasks such as Bathing, Hygiene, Meal Preparation/Eating Assistance, Exercise, Medication Reminders, Household Maintenance, Correspondence Assistance, and Yard Hazard Removal. In addition, a Member can also have Escort to and from Medicaid appointments, Skill Acquisition, Shopping, and Community Integration supports. **No tasks or supports in PAS/CFC services are clinical in nature such that they require the involvement of a nurse.** In recognition of the non-clinical nature of these services, federal regulations were changed in 1997 to eliminate the Nurse Supervision requirement and in the last 20+ years, most states have done just that. Montana chose to drop Nurse Supervision requirement for its Self-Directed PAS/CFC program but retain it for the Agency-Based PAS/CFC program, despite the fact that the PAS/CFC services and the Members who receive them under the two programs are identical. **Since Members who receive Agency-Based PAS/CFC all have at least one other nurse involved in planning and delivering their care - most have more than that – the Agency-Based services Nurse Supervision requirement is duplicative and wastes precious resources.**

Chart 1a details the level of nursing services provided to various Members and demonstrates duplication.

As illustrated in the attachments many Members who receive PAS/CFC services have no nursing or complex health care needs. The Members who do indeed have nursing or complex needs are getting nursing care and oversight through other programs such as HCBS Waiver RN Case Management and often the Private Duty Nursing program as well. This Nurse Supervision duplication adds costs that are unnecessary and does not improve quality of care. The inefficient use of resources resulting from the Nurse Supervision requirement is especially problematic in light of the recent 2.99% Medicaid reimbursement rate cut and endangers the financial viability of Agency-Based PCA/CFC services.

Solution Requested

We strongly urge the Senior and Long term Care Division to eliminate the wasteful, duplicative, and medically unnecessary Nurse Supervision requirement in Agency-Based PAS/CFC program.

Nurse Duplication for different at-home Montana Medicaid Members

Agency-Based PAS/CFC only

These Members solely receive PAS/CFC services and only receive the non-clinical tasks and supports described on page 1. In this service, an RN from Mountain Pacific Quality Health (MPQH) determines the Member's authorized Profile that reflects the approved tasks and weekly frequency. Members usually have nurse oversight from their Primary Care Provider office as well. The provider agency Nurse Supervisor is the third nurse involved with the Member. The MPQH nurse is required to make contact with the Member at least one time per year or as needed and the provider agency Nurse Supervisor is required to see the Member onsite at least two times per year or as needed.

Agency-Based PAS/CFC and HCBS Waiver

These Members receive PAS/CFC services as well as additional supports from the Home & Community Based Services (HCBS) Waiver program. In addition to the MPQH Nurse, the Primary Care Provider nurse, and the provider agency Nurse Supervisor these members also have an RN Case Manager from the HCBS program. There are four nurses involved in this Member's needs. The MPQH nurse is required to make contact with the Member one time per year or as needed, the provider agency Nurse Supervisor is required to see the Member onsite two times per year or as needed, and the RN Case Manager is required to see the Member onsite two times per year or as needed.

Agency-Based PAS/CFC, HCBS Waiver, and PDN

These members received PAS/CFC services, HCBS Waiver, and Private Duty Nursing (PDN) services. In addition to the MPQH Nurse, the Primary Care Provider nurse, the provider agency Nurse Supervisor and the RN Case Manager from HCBS these members also receive consistent (daily or sometimes weekly) PDN services. This includes the direct care of an LPN or RN at various needed frequencies as well clinical supervision from another Supervising Nurse. In this scenario, there are 5-6 nurses involved with these Members. The MPQH nurse is required to make contact with the Member one time per year or as needed, the provider agency Nurse Supervisor is required to see the Member onsite two times per year or as needed, the RN Case Manager from HCBS is required to see the Member onsite two times per year or as needed, the Private Duty Nurse sees the Member as authorized based on their needs (often daily or weekly), and the PDN Nurse Supervisor provides supervision as needed (often one time per month).

Eliminate Agency-Based Nursing Duplication and Other Inefficiencies in Montana Medicaid Personal Assistance Services/Community First Choice programs.

ISSUE TWO

The Senior Long Term Care (SLTC) Division's requirement that Members and Caregivers document tasks on the Service Delivery Records (SDRs or Timesheets) is not necessary and not an efficiency that contributes to a high level of quality service delivery for Members.

Description of the Problem

Tasking on the Service Delivery Records (SDRs or "Timesheets") is currently a requirement for all Members and Caregivers (both Agency-Based and Self-Directed) in the Personal Assistance Services (PAS)/Community First Choice (CFC) program. This means for each shift a Caregiver and/or Member is required to mark each task they do. These tasks include Bathing, Hygiene, Meal Preparation/Eating Assistance, Medication Reminders, Household Maintenance, Correspondence Assistance, Yard Hazard Removal and, for the purposes of the self-directed program, Urinary Systems Management, Bowel Program, Wound Care, and Medication Administration. In addition, there is extensive level of detail required for Medical Escort Time and Mileage, Shopping Time and Mileage, Community Integration Time and Mileage, and Skill Acquisition. Currently, there are seven different timesheets required to capture all of the detail requested or required. For example, one caregiver who provides care to one member has the potential to fill out seven different timesheets to provide care for just a one-week period. If a caregiver provides care to more than one member the number of timesheets needed each week typically doubles and so on. The amount of time administrative staff spends training Members and Caregivers specific to the Timesheet requirements is significant. There are currently three Timesheet Auditors whose sole duty is to review, audit, and process timesheets. Timesheet Auditors train and re-train Members and Caregivers on a daily basis and also get assistance from other agency staff including Schedulers, Program Coordinators (self-directed), Nurse Supervisors (agency-based), and Supervisors/Leadership. The data is difficult to collect, review, is not federally required, and is not required to bill for services. Further, DPHHS SLTC does not regularly look at any of the tasking data. Typically, the only time SLTC reviews the data is during onsite Quality Assurance Reviews (audits) which take place anywhere between 6 months-3 years. Tasking also severely interferes with our ability to move to an online timesheet or portal as we have in almost every other state we do business. Eliminating tasking in the PAS/CFC programs would work to streamline efficiencies during a time when both 2.99% Medicaid rate cuts and the Mountain Pacific Quality Health Service reduced authorizations are significant.

See attached SDRs needed to capture all of the required Medicaid information.

Solution Requested

We strongly urge the Senior and Long Term Care Division to eliminate the wasteful and unnecessary Service Delivery Records tasking requirements for both the self-directed and agency-based Personal Assistance Services/Community First Choice programs.

Personal Assistance Services Community First Choice

- Primary Care Provider (1 Nurse)
Nurse oversight
- Mountain Pacific Quality Health (1 Nurse)
Authorized Care Plan 1X annually or as needed
- Provider Agency (1 Nurse)
Nurse Supervisor onsite visits 2X annually or as needed

Home and Community Based Services Waiver

- Provider Agency (1 Nurse)
Nurse Supervisor onsite visits 2X annually or as needed

Private Duty Nursing S

- Private Duty Nursing S
Daily/Weekly Direct Care pro
Clinical Supervision by 1

PAS/CFC



HCBS



PAS/CFC



PDN



Montana Medicaid EPSDT and Private Duty Nursing Funding Crisis

ISSUE

The rate that Montana Medicaid pays for Private Duty Nursing (PDN) is too low to enable the provider agencies that provide those services to recruit, hire, and retain qualified nurses.

Description of the Problem

For almost 20 years Consumer Direct Care Network (CDCN) has provided a variety of PDN services throughout Montana to those in need of clinical care in their home. PDN services are provided through two primary payer sources: Early Periodic Screening Diagnosis and Treatment (EPSDT) through the Health Resource Division and the Home & Community Based Services (HCBS) waiver program through the Senior & Long Term Care Division. EPSDT serves children birth through age 20 and the HCBS waiver serves a variety of ages of those who have nursing needs through a disability or through being over 65 years of age.

The demand for nurses exceeds the supply in Montana and other states. The nurse shortage, coupled with long-time low Medicaid rates, makes it increasingly difficult to provide EPSDT/PDN services. **The recent 2.99% Medicaid rate cut will only make a bad problem worse.** We believe that the current nurse recruitment and retention situation is a huge problem that will only get worse and the status quo is not sustainable.

There is a crisis in what we are able to pay nurses. In other non-Medicaid settings it is common for both LPNs and RNs start out earning \$4.00-\$5.00 more per hour than we are able to pay our nurses. Employers in other settings (hospitals, nursing homes, doctor's offices) offer extensive benefits packages that include but are not limited to sign-on bonuses, longevity increases, paid time off, tuition reimbursement programs, sick leave, employee referral bonuses, and retirement savings. It is standard practice for hospitals to offer sign-on bonuses between \$3,000 and \$10,000. Medicaid home-based EPSDT/PDN providers are unable to offer any of those benefits or competitive wages to help recruit and retain nurses. (Please see attachments for a comparison of competitor wages and benefits.) Currently, an LPN working for CDCN makes \$19.00/hour and an RN makes \$22.00/hour; wages which are comparable, and in most cases above, other home-based PDN providers in Montana. Since July 2007, there has only been an 8.40% increase in the Medicaid LPN rate and a 7.83% increase in the RN rate. EPSDT/PDN providers are not currently in a position to reduce nursing wages to offset the latest rate cut. It is already difficult to recruit and retain nurses and any further wage reductions would make it impossible to hire the employees necessary to do this important work. CDCN is not able to simply absorb the 2.99% Medicaid rate cuts because we are already operating the Montana EPSDT/PDN nursing programs at a significant financial loss of several hundred thousand dollars per year. We need to increase wages and benefits, not cut them.

CDCN is the largest, or among the largest, of a limited number of EPSDT/PDN nursing providers in Montana. Over the last 5 years our annual number of units billed for LPN fell by 32.8% and 35.4% for RN. This steep decrease in units makes the problem of low rates significantly worse. Members are going without critical care because we are unable to staff the number of approved units. If EPSDT/PDN services are not available EPSDT kids will remain in, or return to, the hospital at a dramatically higher cost to Medicaid. Failure to provide necessary PDN services risks sending seniors and people with disabilities to higher cost nursing home services. In both cases the state is risking Member lawsuits or other legal action.

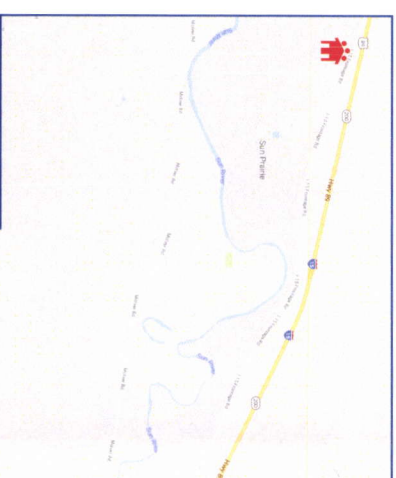
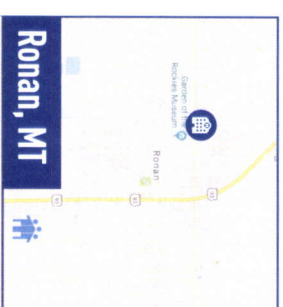
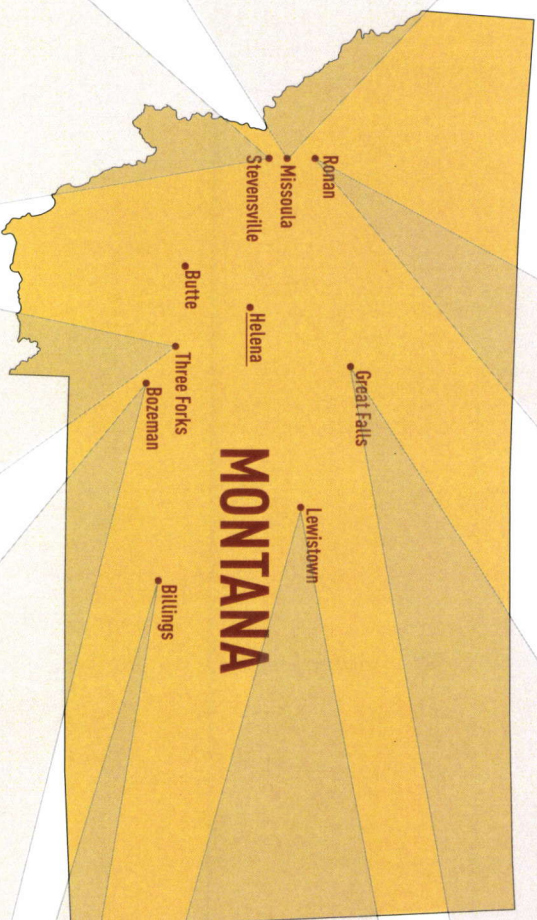
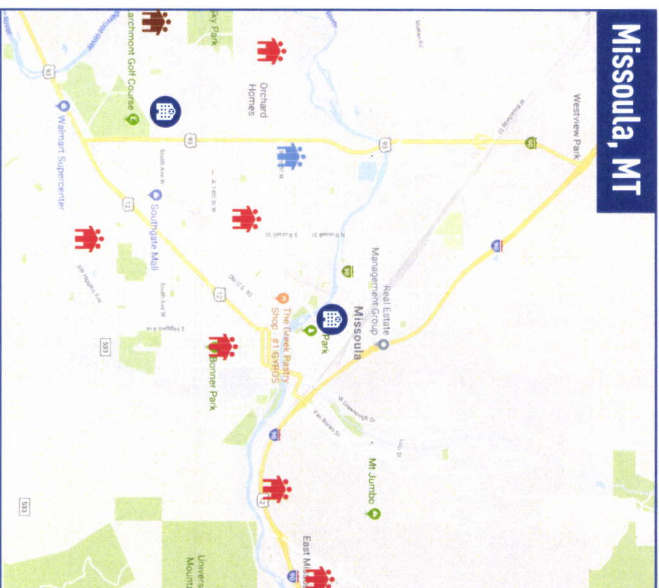
Solution Requested

In order to maintain viable EPSDT/PDN nursing services in Montana we strongly believe the LPN reimbursement rate must be increased to at least \$36.31/hour (the current rate is \$29.52/hour). In addition, the RN reimbursement rate must increase to \$45.11/hour (the current rate is \$34.76/hour). These rates would afford agencies the ability to compete to recruit and retain nurses at something closer to the market wage as well as meet the need for EPSDT/PDN nursing throughout the state.

Nursing Positions Comparable Benefits

Location	Company	Position	Pay Rate	Sign-On Bonus	Benefits
Western MT	Mineral Co Health Department	RN	\$24.00	Unknown	Unknown
Kalispell, MT	Frontier Hospice	RN	Unknown	\$6,000.00	Unknown
Missoula, MT	Providence/St. Pats (Union)	RN	\$26.00	Unknown	Medical, Dental, and Vision insurance which start on full-time employee's first day, Retirement Program, Life and AD&D insurance, HRA/FSA/HSA options, Health Assessments and Personal Coaching to help meet wellness goals available, incentives for participation in healthy activities, Caregiver Assistance Program, Weight Management, Tobacco Cessation, and Diabetes Programs, Volunteer-Pairing Program, Family Change Support (e.g. birth, adoption, marriage), Ergonomics and Injury Prevention, Vacation Time Off, disability Benefits, Tuition Reimbursement Program
Missoula, MT	Community Med or St. Pats Trauma II Medical Facility	RN	Unknown	\$10,000.00	Unknown
Missoula, MT	Partnership Health Center	LPN	\$17.71	Unknown	Unknown
Missoula, MT	EmpRes Healthcare		Unknown	\$5K - \$7500 Relo Assist Offered	Medical and Dental Insurance thru Regence Blue Cross/Blue Shield, Vision Coverage, Vacation, Holiday Pay, 401k, Employee Stock Ownership Program, Life Insurance, STD, LTD, Flex Spending Account, Professional Liability Insurance, Employee Hardship Fund, 100% Employee Owned.
Missoula, MT	The Village Healthcare Center	RN	\$21.70 - \$26	\$3,000.00	Unknown
Missoula, MT	Partners In Home Care Inc.		\$24.71	Unknown	Unknown
Bozeman, MT	Bozeman Health Deaconess Hospital (Union)	RN	\$27.50		Unknown
Bozeman, MT	Gallatin Rest Home	RN LPN	\$23.16 \$19.69	Unknown	Unknown
Ennis, MT	Madison Co	RN	\$22.24 - \$28.05	Unknown	Unknown
Bozeman, MT	Qualicare Big Sky- Family Home Care	LPN	\$17.70 - \$24.00	Unknown	Unknown
Havre, MT	Northern Montana Healthcare	RN-Hospice	\$23.11 - \$28.29	\$3750 - \$7500	https://nmhcare.org/wp-content/uploads/2015/06/Benefits-at-a-Glance-2016-1.pdf
Butte, MT	AWARE Inc.	RN/LPN	\$24.00 - \$29.00	Unknown	Unknown
Glasgow, MT	Valley View Nursing Home	RN	\$28.00 - \$35.00	Unknown	80% of your Health Insurance; 100% of an Accidental Death Policy; 100% of Vision coverage.
Great Falls	Benefis Health System	RN Residency	\$27.20 - \$32.95	Unknown	Unknown
Great Falls	Fresenius Medical Care	LPN	Unknown	Unknown	Outstanding tuition reimbursement program
Great Falls	Great Falls Clinic	RN	Unknown	Unknown	Flex Spending Plan, HSA Account, Health Insurance, Dental Insurance, Supplemental Dental Insurance, Vision, Accidental Insurance, Supplemental Cancer Insurance, Critical Illness Insurance, Short and Long Term Disability, Universal Life Insurance, Retirement Plan, and an Employee Assistance Program.
Billings, MT	Yellowstone Boys and Girls Ranch	RN	\$25.18 - \$28.20	Unknown	Unknown
Billings, MT	RiverStone Health	LPN	\$17.00 - \$25.00	Unknown	Blue Cross Blue Shield of Montana provides a traditional 80/20 plan with a Flexible Spending Account/Dependent Care option or a High Deductible Health Plan with a Health Savings Account. Both plans include Pharmacy coverage. Benefit is paid by RiverStone Health for full-time employees. Monthly premium is pro-rated for part-time employees. Dental, Vision (Paid by company). 401k and 457 Deferred Compensation retirement plan. Holiday Vacation, sick leave. LTD, STD
Billings, MT	RiverStone Health	RN	\$23.00 - \$36.00		
Billings, MT	Billings Clinic	RN	\$17.00 - \$25.00	Unknown	Billings Clinic offers a comprehensive self-insured health plan which includes medical, preventive dental and prescription coverage. The benefit is available to employees who are full or part time. Healthcare and dependent care spending accounts. 403 tax deferred saving plan with matching contribution. Paid time off and extended medical
Billings, MT	Parkview Healthcare	RN	Unknown	\$5,000.00	Unknown
Billings, MT	Ernst Health	RN	\$29.00		Sign on bonus, medical, dental, vision, life insurance, short term and long term disability, FSA/HSA options, 401(k) plan, paid time off, an

PDN Member & Staffing Compensation



Great Falls, MT



Stevensville, MT



Three Forks, MT



Bozeman, MT

